

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/583802

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		1				
6	1					
7						
8		1				
9		2				
10		3				
11		4				
12		5				
13		6				
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15		8				
16		9				
17		10				
18		11				
19		12				
20		13	1			
21		14				
22		15		1		
23		16		2		
24		17		3		
25		18		4		
26		19		5		
27		20		6		
28		21		7		
29		22		8		
30		23		9		
31		24		10		
32		25		11		
33		26		12		
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35		28		14		
36		29		15		
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43		36		22		
44		37		23		
45		38		24		
46		39		25		
47		40		26		
48		41		27		
49		42		28		
50		43		29		
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	18	←		←
TOTAL CLAIMS			20			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						